

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2018</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . . <input type="checkbox"/>      |                                                                                                                                                                                                                                                                                                                                           |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |

|                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                 | <b>Basic Plan Information</b> —enter all requested information      |                                                                                      |  |
| <b>1a</b> Name of plan<br><u>EUROFINS SCIENTIFIC, INC. 401(K) INCENTIVE SAVINGS PLAN</u>                                                                                                                                                                                                                                                                       | <b>1b</b> Three-digit plan number (PN) ▶                            | <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><br><u>EUROFINS NSC US, INC.</u><br><br><u>343 WEST MAIN STREET</u><br><u>LEOLA, PA 17540</u> | <b>1c</b> Effective date of plan<br><u>04/04/2011</u>               |                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                | <b>2b</b> Employer Identification Number (EIN)<br><u>27-3225082</u> |                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                | <b>2c</b> Plan Sponsor's telephone number<br><u>717-556-3500</u>    |                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                | <b>2d</b> Business code (see instructions)<br><u>541380</u>         |                                                                                      |  |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/10/2019 | MARGARET STOLTZFUS                                           |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2018)  
v. 171027

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>EUROFINS NSC US, INC.<br><br>343 WEST MAIN STREET<br>LEOLA, PA 17540                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br>27-3225082<br><br><b>3c</b> Administrator's telephone number<br>717-556-3500                                                     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                 |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 8032                                                                                                                                                     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 5977<br><b>6a(2)</b> 8702<br><b>6b</b> 5<br><b>6c</b> 3148<br><b>6d</b> 11855<br><b>6e</b> 9<br><b>6f</b> 11864<br><b>6g</b> 11412<br><b>6h</b> 1041 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                          |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2S 2T 3D 3H<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 2 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                            |                                                             |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018 |                                                             |
| <b>A</b> Name of plan<br>EUROFINS SCIENTIFIC, INC. 401(K) INCENTIVE SAVINGS PLAN           | <b>B</b> Three-digit plan number (PN) ▶ 002                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>EUROFINS NSC US, INC.     | <b>D</b> Employer Identification Number (EIN)<br>27-3225082 |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                |
|--------------------------------|
| <b>1</b> Coverage Information: |
|--------------------------------|

|                                                                          |
|--------------------------------------------------------------------------|
| <b>(a)</b> Name of insurance carrier<br>PRINCIPAL LIFE INSURANCE COMPANY |
|--------------------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 42-0127290 | 61271         | 621103                                | 0                                                                           | 01/01/2018              | 12/31/2018 |

|                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2</b> Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                             |                                      |
|---------------------------------------------|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|                                             |                                      |

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
|--------------------------------------------------------------------------------------------------------------|

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|---------------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|---------------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**4** Current value of plan's interest under this contract in the general account at year end ..... **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end ..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☒ other ▶ FLEXIBLE INVESTMENT ANNUITY**b** Balance at the end of the previous year ..... **7b** 40808**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
(2) Dividends and credits ..... **7c(2)**  
(3) Interest credited during the year ..... **7c(3)** 298  
(4) Transferred from separate account ..... **7c(4)**  
(5) Other (specify below) ..... **7c(5)**  
▶(6) Total additions ..... **7c(6)** 298**d** Total of balance and additions (add lines **7b** and **7c(6)**). .... **7d** 41106**e** Deductions:  
(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
(2) Administration charge made by carrier ..... **7e(2)**  
(3) Transferred to separate account ..... **7e(3)** 41106  
(4) Other (specify below) ..... **7e(4)**  
▶(5) Total deductions ..... **7e(5)** 41106**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 0

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
**b** ☐ Dental     
**c** ☐ Vision     
**d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
**f** ☐ Long-term disability     
**g** ☐ Supplemental unemployment     
**h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
**j** ☐ HMO contract     
**k** ☐ PPO contract     
**l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                    |                 |                 |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid .....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                          | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)) .....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid .....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves .....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged .....                                                                                                                           |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                      |                 |                 |   |
| (A) Commissions .....                                                                                                                              | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees .....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs .....                                                                                                         | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses .....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes .....                                                                                                                                    | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies .....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges .....                                                                                                                  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention .....                                                                                                                          |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves .....                                                                                                                           |                 | <b>9d(2)</b>    |   |
| (3) Other reserves .....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                           |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount ..... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                            |                                                             |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018 |                                                             |
| <b>A</b> Name of plan<br>EUROFINS SCIENTIFIC, INC. 401(K) INCENTIVE SAVINGS PLAN           | <b>B</b> Three-digit plan number (PN) ▶ 002                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>EUROFINS NSC US, INC.     | <b>D</b> Employer Identification Number (EIN)<br>27-3225082 |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                |
|--------------------------------|
| <b>1</b> Coverage Information: |
|--------------------------------|

|                                                                          |
|--------------------------------------------------------------------------|
| <b>(a)</b> Name of insurance carrier<br>PRINCIPAL LIFE INSURANCE COMPANY |
|--------------------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 42-0127290 | 61271         | 613953                                | 0                                                                           | 01/01/2018              | 04/23/2018 |

|                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2</b> Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                             |                                      |
|---------------------------------------------|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|                                             |                                      |

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
|--------------------------------------------------------------------------------------------------------------|

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|---------------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|---------------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**4** Current value of plan's interest under this contract in the general account at year end ..... **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end ..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☒ other ▶ CUSTODIAL GUARANTEED INTEREST CONTRACT**b** Balance at the end of the previous year ..... **7b** 43828**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
(2) Dividends and credits ..... **7c(2)**  
(3) Interest credited during the year ..... **7c(3)** 141  
(4) Transferred from separate account ..... **7c(4)**  
(5) Other (specify below) ..... **7c(5)**  
▶(6) Total additions ..... **7c(6)** 141**d** Total of balance and additions (add lines **7b** and **7c(6)**). .... **7d** 43969**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
(2) Administration charge made by carrier ..... **7e(2)**  
(3) Transferred to separate account ..... **7e(3)** 43969  
(4) Other (specify below) ..... **7e(4)**  
▶(5) Total deductions ..... **7e(5)** 43969**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 0

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
 **b** ☐ Dental     
 **c** ☐ Vision     
 **d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
 **f** ☐ Long-term disability     
 **g** ☐ Supplemental unemployment     
 **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
 **j** ☐ HMO contract     
 **k** ☐ PPO contract     
 **l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                    |                 |  |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--|---|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                       | <b>9a(1)</b>    |  |   |
| (2) Increase (decrease) in amount due but unpaid .....                                                                                             | <b>9a(2)</b>    |  |   |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                          | <b>9a(3)</b>    |  |   |
| (4) Earned ((1) + (2) - (3)) .....                                                                                                                 | <b>9a(4)</b>    |  | 0 |
| <b>b</b> Benefit charges (1) Claims paid .....                                                                                                     | <b>9b(1)</b>    |  |   |
| (2) Increase (decrease) in claim reserves .....                                                                                                    | <b>9b(2)</b>    |  |   |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                        | <b>9b(3)</b>    |  | 0 |
| (4) Claims charged .....                                                                                                                           | <b>9b(4)</b>    |  |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                      |                 |  |   |
| (A) Commissions .....                                                                                                                              | <b>9c(1)(A)</b> |  |   |
| (B) Administrative service or other fees .....                                                                                                     | <b>9c(1)(B)</b> |  |   |
| (C) Other specific acquisition costs .....                                                                                                         | <b>9c(1)(C)</b> |  |   |
| (D) Other expenses .....                                                                                                                           | <b>9c(1)(D)</b> |  |   |
| (E) Taxes .....                                                                                                                                    | <b>9c(1)(E)</b> |  |   |
| (F) Charges for risks or other contingencies .....                                                                                                 | <b>9c(1)(F)</b> |  |   |
| (G) Other retention charges .....                                                                                                                  | <b>9c(1)(G)</b> |  |   |
| (H) Total retention .....                                                                                                                          | <b>9c(1)(H)</b> |  | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... | <b>9c(2)</b>    |  |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                | <b>9d(1)</b>    |  |   |
| (2) Claim reserves .....                                                                                                                           | <b>9d(2)</b>    |  |   |
| (3) Other reserves .....                                                                                                                           | <b>9d(3)</b>    |  |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                           | <b>9e</b>       |  |   |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount ..... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2018                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018 |                                                      |     |
| A Name of plan<br>EUROFINS SCIENTIFIC, INC. 401(K) INCENTIVE SAVINGS PLAN                  | B Three-digit plan number (PN) ▶                     | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>EUROFINS NSC US, INC.            | D Employer Identification Number (EIN)<br>27-3225082 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| CHARLES SCHWAB & CO., INC.                                                                                 |
| 94-1737782                                                                                                 |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| VANGUARD GROUP, INC.                                                                                       |
| 23-1945930                                                                                                 |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| PRINCIPAL LIFE INSURANCE COMPANY                                                                           |
| 42-0127290                                                                                                 |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|------------------------------------------------------------------------------------------------------------|

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

CONRAD SIEGEL

PO BOX 5900  
HARRISBURG, PA 17110-0900

23-1669823

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 17 37 38<br>49 50   | NONE                                                                                              | 466908                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

CHARLES SCHWAB & CO., INC.

94-1737782

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 50 59 62            | NONE                                                                                              | 115961                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

(a) Enter name and EIN or address (see instructions)

CONRAD SIEGEL INVESTMENT ADVISORS

01-0726056

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 38 51               | NONE                                                                                              | 106389                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

DIMENSIONAL FUND ADVISORS LP

30-0447847

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 52                  | NONE                                                                                              | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

(a) Enter name and EIN or address (see instructions)

AMERICAN CENTURY INVESTMENT INC

44-6006315

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 52                  | NONE                                                                                              | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

(a) Enter name and EIN or address (see instructions)

BOSTON MANAGEMENT AND RESEARCH

20-1227352

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 52                  | NONE                                                                                              | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| DIMENSIONAL FUND ADVISORS LP                                        | 28 52                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| DFA ONE-YEAR FIXED-INCOME I<br><br>30-0447847                       | 0.15% OF ASSETS                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| AMERICAN CENTURY INVESTMENT MANAGEM                                 | 28 52                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMERICAN CENTURY GOVERNMENT BOND<br>R5<br><br>44-6006315            | 0.26% OF ASSETS                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| DIMENSIONAL FUND ADVISORS LP                                        | 28 52                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| DFA US TARGETED VALUE I<br><br>30-0447847                           | 0.35% OF ASSETS                                                                                                                                                    |                                           |

**Part I Service Provider Information (continued)**

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| DIMENSIONAL FUND ADVISORS LP                                        | 28 52                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| DFA INTERNATIONAL SMALL CAP VALUE I<br><br>30-0447847               | 0.65% OF ASSETS                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| DIMENSIONAL FUND ADVISORS LP                                        | 28 52                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| DFA EMERGING MARKETS CORE EQUITY I<br><br>30-0447847                | 0.47% OF ASSETS                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| DIMENSIONAL FUND ADVISORS LP                                        | 28 52                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| DFA REAL ESTATE SECURITIES I<br><br>30-0447847                      | 0.17% OF ASSETS                                                                                                                                                    |                                           |

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| BOSTON MANAGEMENT AND RESEARCH                                      | 28 52                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| EATON VANCE FLOATING RATE I<br><br>20-1227352                       | 0.64% OF ASSETS                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 19 59                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMERICAN CENTURY INVESTMENTS<br><br>43-0821857                      | RANGE OF 0.00%-0.02% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                            |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2018 or fiscal plan year beginning <b>01/01/2018</b> and ending <b>12/31/2018</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><b>EUROFINS SCIENTIFIC, INC. 401(K) INCENTIVE SAVINGS PLAN</b>                                                                                                                                                                                  | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>002</b>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>EUROFINS NSC US, INC.</b>                                                                                                                                                                            | <b>D</b> Employer Identification Number (EIN)<br><b>27-3225082</b>                                                                                                                                                                                                           |                                                                                           |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                 |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       | 3490012               | 317016          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    | 2557                  | 695103          |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>    | 7027                  | 0               |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 12930387              | 91884321        |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    | 0                     | 0               |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    | 4116061               | 5613077         |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 275906064             | 348751234       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   | 84636                 | 0               |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year     |
|--------------------|------------------------------------------------------------------|-----------------------|---------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                     |
| (1)                | Employer securities .....                                        | <b>1d(1)</b>          |                     |
| (2)                | Employer real property .....                                     | <b>1d(2)</b>          |                     |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                     |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 296536744 447260751 |
| <b>Liabilities</b> |                                                                  |                       |                     |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             | 70099 88882         |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             | 9800 5352           |
| <b>i</b>           | Acquisition indebtedness .....                                   | <b>1i</b>             |                     |
| <b>j</b>           | Other liabilities .....                                          | <b>1j</b>             |                     |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 79899 94234         |
| <b>Net Assets</b>  |                                                                  |                       |                     |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 296456845 447166517 |

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

|          |                                                                                                        | (a) Amount      | (b) Total |
|----------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                                  |                 |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 13859969  |
|          | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> | 31347320  |
|          | <b>(C)</b> Others (including rollovers) .....                                                          | <b>2a(1)(C)</b> | 32779723  |
| (2)      | Noncash contributions .....                                                                            | <b>2a(2)</b>    |           |
| (3)      | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 77987012  |
| <b>b</b> | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)      | Interest:                                                                                              |                 |           |
|          | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....   | <b>2b(1)(A)</b> |           |
|          | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|          | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|          | <b>(E)</b> Participant loans .....                                                                     | <b>2b(1)(E)</b> | 235282    |
|          | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|          | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 235282    |
| (2)      | Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |           |
|          | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                              | <b>2b(2)(C)</b> | 8743854   |
|          | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 8743854   |
| (3)      | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|          | <b>(B)</b> Aggregate carrying amount (see instructions) .....                                          | <b>2b(4)(B)</b> |           |
|          | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|          | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|          | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                     | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                           | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | -34211033 |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....              | 2d     |            | 52755115  |

**Expenses**

|                                                                                      |       |          |          |
|--------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 26966543 |          |
| (2) To insurance carriers for the provision of benefits .....                        | 2e(2) |          |          |
| (3) Other .....                                                                      | 2e(3) |          |          |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                         | 2e(4) |          | 26966543 |
| f Corrective distributions (see instructions) .....                                  | 2f    |          | 23808    |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |          |          |
| h Interest expense .....                                                             | 2h    |          |          |
| i Administrative expenses: (1) Professional fees.....                                | 2i(1) | 466908   |          |
| (2) Contract administrator fees.....                                                 | 2i(2) |          |          |
| (3) Investment advisory and management fees.....                                     | 2i(3) | 106389   |          |
| (4) Other .....                                                                      | 2i(4) | 115961   |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |          | 689258   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |          | 27679609 |

**Net Income and Reconciliation**

|                                                          |       |  |           |
|----------------------------------------------------------|-------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 25075506  |
| l Transfers of assets:                                   |       |  |           |
| (1) To this plan.....                                    | 2l(1) |  | 129235603 |
| (2) From this plan.....                                  | 2l(2) |  | 3601437   |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: TROUT, EBERSOLE & GROFF, LLP

(2) EIN: 23-1551315

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

**b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a | X   |    | 13609  |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          |     |    |         |
| <b>4c</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                |     |    |         |
| <b>4d</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 2000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                                     |     |    |         |
| <b>4g</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                           |     |    |         |
| <b>4h</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                     | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... |     |    |         |
| <b>4j</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     |    |         |
| <b>4k</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     |    |         |
| <b>4l</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     |    |         |
| <b>4m</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |         |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 5b(1) Name of plan(s)         | 5b(2) EIN(s) | 5b(3) PN(s) |
|-------------------------------|--------------|-------------|
| CITOXLABS USA LLC 401(K) PLAN | 20-5359571   | 001         |
|                               |              |             |
|                               |              |             |
|                               |              |             |
|                               |              |             |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_. (See instructions.)

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

|                                                                                               |                                                                    |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>EUROFINS SCIENTIFIC, INC. 401(K) INCENTIVE SAVINGS PLAN</u>       | <b>B</b> Three-digit plan number (PN) ▶<br><u>002</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>EUROFINS NSC US, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>27-3225082</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                             | <b>1</b> | <u>0</u> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>42-1558009</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> |          |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....                                                                                                                                                                                                            | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2018  
v. 171027

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

**a** The current year .....

**b** The plan year immediately preceding the current plan year .....

**c** The second preceding plan year .....

**14a****14b****14c**

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

**a** The corresponding number for the plan year immediately preceding the current plan year .....

**b** The corresponding number for the second preceding plan year .....

**15a****15b**

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

**a** Enter the number of employers who withdrew during the preceding plan year .....

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....

**16a****16b**

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. .... ☐

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment .... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 0.0 % Investment-Grade Debt: \_\_\_\_\_ % High-Yield Debt: \_\_\_\_\_ % Real Estate: \_\_\_\_\_ % Other: \_\_\_\_\_ %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

Years Ended December 31, 2018 and 2017



# **Eurofins Scientific, Inc. 401(k) Incentive Savings Plan**

Financial Statements with Supplementary Information

Years Ended December 31, 2018 and 2017

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## INDEPENDENT AUDITORS' REPORT

To the Board of Trustees  
**Eurofins Scientific, Inc. 401(k) Incentive Savings Plan**  
Lancaster, Pennsylvania

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of **Eurofins Scientific, Inc. 401(k) Incentive Savings Plan**, (the Plan) which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditors' Responsibility***

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Charles Schwab Bank, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the custodian as of and for the years ended December 31, 2018 and 2017, that the information provided to the Plan Administrator by the custodian is complete and accurate.

### ***Disclaimer of Opinion***

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

**SERVICE | ANSWERS | TRUST**

LANCASTER OFFICE: 1705 Oregon Pike, Lancaster, PA 17601 • 717-569-2900 • Fax 717-569-0141  
CAPITAL REGION OFFICE: 5000 Ritter Road, Suite 104, Mechanicsburg, PA 17055 • 717-697-2900 • Fax 717-697-2002

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**Other Matter**

The supplemental schedules of delinquent participant contributions, assets (held at end of year), and assets (acquired and disposed of within year) as of or for the year ended December 31, 2018, are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

**Report on Form and Content in Compliance with DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

October 10, 2019  
Lancaster, Pennsylvania

*Trout, Ebersole & Groff, LLP*  
TROUT, EBERSOLE & GROFF, LLP  
Certified Public Accountants

# **Eurofins Scientific, Inc. 401(k) Incentive Savings Plan**

## **STATEMENTS of NET ASSETS AVAILABLE for BENEFITS**

December 31, 2018 and 2017

|                                               | <b>2018</b>                  | <b>2017</b>                  |
|-----------------------------------------------|------------------------------|------------------------------|
| <b>ASSETS</b>                                 |                              |                              |
| Cash and Cash Equivalents (Note 3)            | <b>\$ 317,016</b>            | <b>\$ 3,490,012</b>          |
| Investments at Fair Value (Notes 3, 4, and 5) | <b>348,751,234</b>           | <b>275,946,872</b>           |
| Investments at Contract Value (Note 6)        | <b>-0-</b>                   | <b>43,828</b>                |
| Receivables:                                  |                              |                              |
| Employer Contributions                        | 695,103                      | 2,557                        |
| Participant Contributions                     | -0-                          | 7,027                        |
| Notes Receivable from Participants            | 5,613,077                    | 4,116,061                    |
| Plan Mergers Receivable                       | <u>91,884,321</u>            | <u>12,930,387</u>            |
| <b>Total Receivables</b>                      | <b><u>98,192,501</u></b>     | <b><u>17,056,032</u></b>     |
| <b>TOTAL ASSETS</b>                           | <b>447,260,751</b>           | <b>296,536,744</b>           |
| <b>LIABILITIES</b>                            |                              |                              |
| Plan Transfer Payable                         | -0-                          | 3,477,233                    |
| Accrued Liabilities                           | <u>5,352</u>                 | <u>9,800</u>                 |
| <b>TOTAL LIABILITIES</b>                      | <b><u>5,352</u></b>          | <b><u>3,487,033</u></b>      |
| <b>NET ASSETS AVAILABLE for BENEFITS</b>      | <b><u>\$ 447,255,399</u></b> | <b><u>\$ 293,049,711</u></b> |

See notes to financial statements.

# Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

## STATEMENTS of CHANGES in NET ASSETS AVAILABLE for BENEFITS

Years Ended December 31, 2018 and 2017

|                                                              | 2018                         | 2017                         |
|--------------------------------------------------------------|------------------------------|------------------------------|
| <b>ADDITIONS</b>                                             |                              |                              |
| Investment Income (Loss) (Note 3):                           |                              |                              |
| Interest, Dividends, and Capital Gain Distributions          | \$ 8,743,854                 | \$ 5,675,140                 |
| Net Appreciation (Depreciation) in Fair Value of Investments | <u>(34,211,033)</u>          | <u>34,713,639</u>            |
| <b>Total Investment Income (Loss)</b>                        | <b>(25,467,179)</b>          | <b>40,388,779</b>            |
| Interest on Notes Receivable from Participants               | <b>235,282</b>               | <b>158,101</b>               |
| Contributions:                                               |                              |                              |
| Employer                                                     | 13,859,969                   | 10,396,183                   |
| Participants                                                 | 31,347,320                   | 23,035,164                   |
| Rollovers                                                    | <u>32,779,723</u>            | <u>4,049,778</u>             |
| <b>Total Contributions</b>                                   | <b><u>77,987,012</u></b>     | <b><u>37,481,125</u></b>     |
| <b>Total Additions</b>                                       | <b>52,755,115</b>            | <b>78,028,005</b>            |
| <b>DEDUCTIONS</b>                                            |                              |                              |
| Benefits Paid to Participants                                | 26,947,760                   | 16,045,980                   |
| Corrective Distributions                                     | 23,808                       | 2,037                        |
| Administrative Expenses                                      | <u>689,258</u>               | <u>540,619</u>               |
| <b>Total Deductions</b>                                      | <b><u>27,660,826</u></b>     | <b><u>16,588,636</u></b>     |
| <b>NET INCREASE</b>                                          | <b>25,094,289</b>            | <b>61,439,369</b>            |
| <b>TRANSFER in of ASSETS DUE to PLAN MERGERS (NOTE 1)</b>    | 129,235,603                  | 18,265,922                   |
| <b>TRANSFER out of ASSETS DUE to SPIN OFF (NOTE 1)</b>       | (124,204)                    | (3,477,233)                  |
| <b>NET ASSETS AVAILABLE for BENEFITS</b>                     |                              |                              |
| Beginning of Year                                            | <u>293,049,711</u>           | <u>216,821,653</u>           |
| <b>End of Year</b>                                           | <b><u>\$ 447,255,399</u></b> | <b><u>\$ 293,049,711</u></b> |

See notes to financial statements.

## **Eurofins Scientific, Inc. 401(k) Incentive Savings Plan**

### NOTES to FINANCIAL STATEMENTS

#### **NOTE 1 - DESCRIPTION of PLAN**

The following description of the **Eurofins Scientific, Inc. 401(k) Incentive Savings Plan** (the Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

##### **General**

The Plan is a defined contribution plan covering all eligible employees of Eurofins NSC US, Inc. (the Company). Employees become eligible for elective deferrals after attaining one hour of service. After 90 days of service, employees become eligible to receive employer matching contributions. High school or college student employees working during semester breaks, non-resident aliens, and leased employees are not eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan Administrator is responsible for the oversight of the Plan. In collaboration with the investment advisor, the Plan's Trustees determine the appropriateness of the Plan's investment offerings and monitor investment performance.

A controlled group is generally considered one employer for Form 5500 reporting purposes. Participating employers under the Eurofins Scientific, Inc. 401(k) Incentive Savings Plan are as follows:

|                                                |                                                   |
|------------------------------------------------|---------------------------------------------------|
| Eurofins Scientific, Inc.                      | Eurofins Viracor, Inc.                            |
| Product Safety Labs, Inc.                      | Eurofins VRL, Inc.                                |
| Eurofins Central Laboratory, LLC               | Eurofins Advantar, Inc.                           |
| Eurofins Analytical Laboratories, Inc.         | Eurofins Clinical Diagnostics US NDSC, Inc.       |
| Eurofins Genomics, LLC                         | Diatherix Laboratories, Inc.                      |
| Eurofins Agroscience Services, LLC             | Eurofins ANA Laboratories, Inc.                   |
| Eurofins Microbiology Laboratories, Inc.       | Eurofins Technologies North America, Inc.         |
| Eurofins DQCI, LLC                             | Abraxis, Inc.                                     |
| Eurofins QTA, Inc.                             | Boston Heart Diagnostics Corporation              |
| Eurofins Frontier Global Sciences, Inc.        | DiscoverX Corporation                             |
| Eurofins Panlabs, Inc.                         | Avogadro LS, Inc.                                 |
| Eurofins Pharma BioAnalytics Services US, Inc. | Eurofins Craft Technologies, Inc.                 |
| Eurofins Calscience, Inc.                      | Eurofins Digital Media Services, LLC              |
| Eurofins S-F Analytical Laboratories, Inc.     | Eurofins Met Laboratories, Inc.                   |
| Eurofins Lancaster Laboratories                | Eurofins CEI, Inc.                                |
| Professional Scientific Services, LLC          | Eurofins Cyber Security North America, Inc.       |
| Eurofins Product Testing US, Inc.              | Eurofins Genomics Engineering, LLC                |
| Eurofins BioDiagnostics, Inc.                  | Eurofins Sensory, Consumer Research and Product   |
| EGL Genetic Diagnostics, LLC                   | Design US Holding, Inc.                           |
| Eurofins Spectrum Analytical, Inc.             | Eurofins Food Chemistry Testing US, Inc.          |
| Eurofins Lancaster Laboratories                | Eurofins Botanical Testing US, Inc.               |
| Environmental, LLC                             | Eurofins CRL Cosmetics, Inc.                      |
| Eurofins QC, Inc.                              | Gold Standard Diagnostics Corporation             |
| Eurofins Eaton Analytical, Inc.                | Eurofins EAG Material Science, LLC                |
| Eurofins Air Toxics, Inc.                      | Eurofins BioPharma Product Testing Columbia, Inc. |
| Eurofins NSC US, Inc.                          | Eurofins EAG Agroscience, LLC                     |
| Eurofins Lancaster Laboratories, Inc.          | Eurofins EAG Engineering Science, LLC             |
| Eurofins NTD, Inc.                             |                                                   |

## **Eurofins Scientific, Inc. 401(k) Incentive Savings Plan**

### **NOTES to FINANCIAL STATEMENTS**

(Continued)

#### **NOTE 1 - DESCRIPTION of PLAN (Continued)**

##### **Plan Restatement and Amendments**

Effective January 1, 2017, the Plan was amended to recognize Eurofins VRL, Inc., Eurofins Viracor, Inc., and Advantar Laboratories, Inc., as participating employers in the Plan.

Effective April 28, 2017, the Plan was amended to recognize Eurofins Technologies North America, Inc. as a participating employer in the Plan.

Effective July 1, 2017, the Plan was amended to recognize Diatherix Laboratories, Inc. as a participating employer in the Plan. The assets of the Diatherix Laboratories 401(k) Plan, totaling \$5,253,160, were received by the Plan during the year ended December 31, 2017. Additionally, assets totaling \$27,906 were recorded as a plan merger receivable at December 31, 2017, and were received by the Plan during the year ended December 31, 2018. Employees of Diatherix Laboratories, Inc. were eligible to participate in the Plan July 1, 2017.

Effective September 1, 2017, the Plan was amended to recognize Eurofins ANA Laboratories, Inc. as a participating employer in the Plan.

Effective January 1, 2018, the Plan was amended to remove Xenometrics, LLC as a participating employer under the Plan.

Effective January 1, 2018, the Plan was amended to permit qualified military reservist distributions for participants called into active qualified military service for a period exceeding 179 days, and deemed severance distributions for participants on active duty performing qualified military service for a period exceeding 30 days.

Effective January 1, 2018, the Plan was amended to recognize Abraxis, Inc., DiscoverX Corporation, Amatsigroup Inc. and Boston Heart Diagnostics Corporation as participating employers in the Plan.

Effective February 1, 2018, the Plan was amended to recognize Eurofins Craft Technologies, Inc. as a participating employer in the Plan.

Effective March 1, 2018, the Plan was amended to permit a participant or beneficiary to elect to receive distribution of his/her account as a lump sum payment or installment payments if the vested account balance exceeds \$5,000. If the vested account balance does not exceed \$5,000, lump sum payment shall be the sole payment option.

Effective April 1, 2018, the Plan was amended to recognize Eurofins Digital Media Services, LLC, Eurofins Met Laboratories, Inc., and Eurofins CEI, Inc. as a participating employers in the Plan.

Effective August 1, 2018, the Plan Sponsor acquired Covance Food Solutions and divided the unit into three entities including Eurofins Sensory, Consumer Research and Product Design US Holding, Inc., Eurofins Food Chemistry Testing US, Inc., and Eurofins Botanical Testing US, Inc. Employees of Eurofins Sensory, Consumer Research and Product Design US Holding, Inc., Eurofins Food Chemistry Testing US, Inc. and Eurofins Botanical Testing US, Inc. are eligible to participate in the Plan effective August 1, 2018. The Plan was amended to recognize Eurofins Sensory, Consumer Research and Product Design US Holding, Inc., Eurofins Food Chemistry Testing US, Inc., and Eurofins Botanical Testing US, Inc. as participating employers in the Plan.

## **Eurofins Scientific, Inc. 401(k) Incentive Savings Plan**

### **NOTES to FINANCIAL STATEMENTS**

(Continued)

#### **NOTE 1 - DESCRIPTION of PLAN (Continued)**

##### **Plan Restatement and Amendments (Continued)**

Effective September 1, 2018, the Plan was amended to recognize Eurofins CRL Cosmetics, Inc. as a participating employer in the Plan.

Effective October 1, 2018, the Plan was amended to recognize Gold Standards Diagnostics Corporation, as a participating employer in the Plan.

During the year ended December 31, 2018, with varying effective dates, the Plan Sponsor created two break-out companies, Eurofins Cyber Security North America, Inc. and Eurofins Genomics Engineering, LLC from existing participating employers, through which employees were transferred from other participating employers. The Plan was amended to recognize Eurofins Cyber Security North America, Inc. and Eurofins Genomics Engineering, LLC as participating employers in the Plan.

##### **Plan Mergers and Spin-Off**

Effective October 31, 2017, upon the Plan Sponsor's sale of Xenometrics, LLC, a participating employer, Plan participants employed directly by Xenometrics, LLC were no longer permitted to make elective deferral or Roth contributions to the Plan and both the Plan Sponsor and Xenometrics, LLC were no longer permitted to make any matching contributions to the Plan on their behalf. Effective December 31, 2017, the participation of Plan participants employed directly by Xenometrics, LLC was fully discontinued and such participants and their account balances were spun off from the Plan and merged into the qualified retirement 401(k) plan established by Xenometrics, LLC as its successor plan. As such, assets totaling \$3,477,233 were recorded as plan transfer payable at December 31, 2017, and were transferred out by the Plan during the year ended December 31, 2018. Additionally, assets totaling \$124,204 were transferred out by the Plan during the year ended December 31, 2018.

Effective December 31, 2017, Abraxis, Inc., DiscoverX Corporation, and Amatsigroup Inc. were acquired by the Plan Sponsor. Notes receivable from participants totaling \$82,375 were received by the Plan during December 2017, and assets totaling \$12,902,481 were recorded as a plan merger receivable at December 31, 2017, which were received by the Plan during the year ended December 31, 2018. Employees of Abraxis, Inc., DiscoverX Corporation, and Amatsigroup Inc. were eligible to participate in the Plan January 1, 2018.

Effective January 1, 2018, the Plan Sponsor acquired Boston Heart Diagnostics Corporation. Accordingly, assets totaling \$12,385,063 were received by the Plan during the year ended December 31, 2018.

Effective April 1, 2018, the Plan Sponsor acquired Eurofins Digital Media Services, LLC, Eurofins Met Laboratories, Inc., and Eurofins CEI, Inc. Accordingly, assets totaling \$14,771,143 were received by the Plan during the year ended December 31, 2018.

Effective July 1, 2018, the Plan Sponsor acquired LABS, Inc., which was merged with Eurofins VRL, Inc., a participating employer in the Plan. Accordingly, assets totaling \$9,032,271 were received by the Plan during the year ended December 31, 2018.

Effective October 1, 2018, the Plan Sponsor acquired Gold Standards Diagnostics Corporation. Accordingly, assets totaling \$1,162,805 were received by the Plan during the year ended December 31, 2018.

## **Eurofins Scientific, Inc. 401(k) Incentive Savings Plan**

### **NOTES to FINANCIAL STATEMENTS**

(Continued)

#### **NOTE 1 - DESCRIPTION of PLAN (Continued)**

##### **Plan Mergers and Spin-Off (Continued)**

Effective December 31, 2018, the Plan Sponsor acquired Eurofins EAG Material Science, LLC, Eurofins BioPharma Product Testing Columbia, Inc., Eurofins EAG Agrosience, LLC, and Eurofins EAG Engineering Science, LLC. Accordingly, assets totaling \$91,884,321 were recorded as plan merger receivable at December 31, 2018. Employees of Eurofins EAG Material Science, LLC, Eurofins BioPharma Product Testing Columbia, Inc., Eurofins EAG Agrosience, LLC, and Eurofins EAG Engineering Science, LLC. are eligible to participate in the Plan January 1, 2019.

##### **Contributions**

Participants are allowed to contribute up to 75% of eligible compensation, as defined in the Plan Document. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified retirement plans (rollovers). The Plan includes an automatic enrollment provision whereby all newly eligible employees are automatically enrolled at a rate of 6% of eligible compensation, unless they affirmatively elect not to participate in the Plan. Additionally, participants automatically enrolled in the Plan, who subsequently decide not to participate in the Plan within 90 days of being auto-enrolled, can request such deferral contributions made during this time to be refunded.

The Company may make a discretionary matching contribution to the Plan. The matching contribution is determined each Plan year. Additional profit sharing and non-elective contributions may be made at the option of the Company's board of directors. The employer profit sharing contribution, if any, is generally allocated to eligible employees ratably as a percentage of compensation, unless a permitted disparity (Social Security Integration) provision applies.

Participants direct the investment of all contributions to their accounts into various investment options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

##### **Participant Accounts**

Each participant's account is credited with the participant's contributions and allocations of the Company's contributions and Plan earnings (losses). Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

##### **Vesting**

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. If a participant in the Plan terminates employment other than by retirement, disability, or death, employer contributions and earnings or losses thereon vest in accordance with the following table:

| <b>Years of Service</b> | <b>Percent Vested</b> |
|-------------------------|-----------------------|
| 1                       | 33%                   |
| 2                       | 66%                   |
| 3                       | 100%                  |

## **Eurofins Scientific, Inc. 401(k) Incentive Savings Plan**

### **NOTES to FINANCIAL STATEMENTS**

(Continued)

#### **NOTE 1 - DESCRIPTION of PLAN (Continued)**

##### **Vesting (Continued)**

During the year ended December 31, 2018, the Plan was amended to provide transitional vesting rules with respect to employees of certain acquired participating employers. Effective on various dates, participants employed by Craft Technologies, Inc., LABS, Inc., and Gold Standard Diagnostics Corporation prior to those dates shall be 100% vested. Effective April 1, 2018, participants employed by CEI Labs Inc. before April 1, 2018, who are not employed by CEI Labs, Inc. as of March 31, 2018, shall vest in accordance with the following table:

| <b>Years of Service</b> | <b>Percent Vested</b> |
|-------------------------|-----------------------|
| 2                       | 20%                   |
| 3                       | 40%                   |
| 4                       | 60%                   |
| 5                       | 80%                   |
| 6                       | 100%                  |

Participants employed by EAG Inc. on or before December 31, 2018, who are not employed by EAG Inc. as of that date shall vest in accordance with the following table:

| <b>Years of Service</b> | <b>Percent Vested</b> |
|-------------------------|-----------------------|
| 1                       | 25%                   |
| 2                       | 50%                   |
| 3                       | 75%                   |
| 4                       | 100%                  |

Participants employed by EAG Columbia Inc. on or before December 31, 2018, who are not employed by EAG Columbia Inc. as of that date shall vest in accordance with the following table:

| <b>Years of Service</b> | <b>Percent Vested</b> |
|-------------------------|-----------------------|
| 1                       | 20%                   |
| 2                       | 40%                   |
| 3                       | 60%                   |
| 4                       | 80%                   |
| 5                       | 100%                  |

##### **Notes Receivable from Participants**

Participants may borrow from their fund accounts at a minimum of \$1,000 up to a maximum equal to the greater of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate, which remains fixed throughout the duration of the loan, is set at one percent above the prime rate. Principal and interest is paid ratably through payroll deductions. Participants are only permitted to have two outstanding loans at a time.

## **Eurofins Scientific, Inc. 401(k) Incentive Savings Plan**

### **NOTES to FINANCIAL STATEMENTS**

(Continued)

#### **NOTE 1 - DESCRIPTION of PLAN (Continued)**

##### **Payment of Benefits**

On termination of service due to disability, retirement, or termination of employment, a participant may elect to receive a lump sum distribution, direct rollover distribution, or a combination of the two in an amount equal to the value of the participant's vested interest in his/her account. The normal retirement age is 65. The Plan Administrator may automatically pay out any terminated participant accounts with a balance of \$1,000 or less.

Effective March 1, 2018, a participant or beneficiary is permitted to elect to receive distribution of his/her account as a lump sum payment or installment payments if the vested account balance exceeds \$5,000. If the vested account balance does not exceed \$5,000, lump sum payment shall be the sole payment option.

The Plan allows hardship distributions to participants of all or part of their salary deferrals in their account for qualifying expenses as further outlined in the Plan Document.

##### **Forfeited Accounts**

At December 31, 2018 and 2017, forfeited nonvested accounts totaled \$130,413 and \$57,777, respectively. These accounts can be used to reduce future employer matching contributions or future profit sharing contributions. Forfeitures of employer contributions were allocated to reduce employer matching contributions for the years ended December 31, 2018 and 2017, in the amount of \$479,225 and \$498,118, respectively.

#### **NOTE 2 - SUMMARY of SIGNIFICANT ACCOUNTING POLICIES**

##### **Basis of Accounting**

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (US GAAP). Current US GAAP standards are contained in the Accounting Standards Codification (ASC) as set forth by the Financial Accounting Standards Board (FASB).

##### **Use of Estimates**

The preparation of financial statements in accordance with US GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

##### **Cash and Cash Equivalents**

Cash and cash equivalents include non-interest bearing cash. The Plan maintains cash deposits at financial institutions where the account balance may at times exceed FDIC insured limits. At December 31, 2018 and 2017, net pending trades of \$177,913 and \$-0-, respectively, are included in non-interest bearing cash. At December 31, 2018 and 2017, non-interest bearing cash also includes pending transfers out of the Plan totaling \$-0- and \$3,477,233, respectively (see Note 1).

##### **Investment Valuation and Income Recognition**

Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's trustees, in collaboration with the Plan's investment advisor, determine the valuation policies utilizing information provided by the custodian and its related parties. See Note 4 for discussion of fair value measurements.

## **Eurofins Scientific, Inc. 401(k) Incentive Savings Plan**

### **NOTES to FINANCIAL STATEMENTS**

(Continued)

#### **NOTE 2 - SUMMARY of SIGNIFICANT ACCOUNTING POLICIES (Continued)**

##### **Investment Valuation and Income Recognition (Continued)**

Purchases and sales of securities are recorded on a trade date basis. Interest is recorded on the accrual basis. Dividends and capital gain distributions are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

##### **Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2018 and 2017. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded for purposes of Form 5500 reporting. However, for purposes of the financial statements, for active participants who have not incurred a distributable event (employment termination, death, or disability), but have delinquent loans, the participant loan remains outstanding until a distributable event occurs.

##### **Payment of Benefits**

Benefits are recorded when paid.

##### **Expenses**

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

#### **NOTE 3 - INFORMATION PREPARED and CERTIFIED by the CUSTODIAN (UNAUDITED)**

Charles Schwab Bank, the custodian, held the Plan's assets as of and for the years ended December 31, 2018 and 2017. The following information was certified as complete and accurate by the Plan's custodian under 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

|                                 | <b>2018</b> | <b>2017</b> |
|---------------------------------|-------------|-------------|
| Cash and Cash Equivalents       | 317,016     | 3,490,012   |
| Investments at Fair Value:      |             |             |
| Registered Investment Companies | 348,751,234 | 275,906,064 |

Investment income (loss) for the years ended December 31, 2018 and 2017, totaled \$(25,454,958) and \$40,388,779, respectively.

## **Eurofins Scientific, Inc. 401(k) Incentive Savings Plan**

### **NOTES to FINANCIAL STATEMENTS**

(Continued)

#### **NOTE 4 - FAIR VALUE MEASUREMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820, *Fair Value Measurement*, are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of and for the years ended December 31, 2018 and 2017.

#### **Registered Investment Companies**

Valued at the daily closing price as reported by the fund. Registered investment companies held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The registered investment companies held by the Plan are deemed to be actively traded.

#### **Guaranteed Interest Account**

Fair value is the amount that Plan participants would receive currently if they were to withdraw or transfer funds within the Plan prior to their maturity for an event other than death, disability, termination or retirement. This fair value represents contract value adjusted to reflect current market interest rates only to the extent such market rates exceed crediting rates (See Note 5).

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

# Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

## NOTES to FINANCIAL STATEMENTS

(Continued)

### NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018:

|                                 | Level 1     | Level 2 | Level 3 | Total       |
|---------------------------------|-------------|---------|---------|-------------|
| Registered Investment Companies | 348,751,234 | -0-     | -0-     | 348,751,234 |

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017:

|                                 | Level 1            | Level 2    | Level 3       | Total              |
|---------------------------------|--------------------|------------|---------------|--------------------|
| Registered Investment Companies | 275,906,064        | -0-        | -0-           | 275,906,064        |
| Guaranteed Interest Account     | <u>-0-</u>         | <u>-0-</u> | <u>40,808</u> | <u>40,808</u>      |
|                                 | <b>275,906,064</b> | <b>-0-</b> | <b>40,808</b> | <b>275,946,872</b> |

#### Level 1 and 2 Transfers

No transfers in and out of levels 1 and 2 occurred during the years ended December 31, 2018 and 2017.

#### Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets as of and for the year ended December 31, 2018:

|                                               | Level 3<br>Guaranteed Interest Account |
|-----------------------------------------------|----------------------------------------|
| <b>Balance at December 31, 2017</b>           | <b>40,808</b>                          |
| Sales                                         | (41,106)                               |
| Net Appreciation in Fair Value of Investments | <u>298</u>                             |
| <b>Balance at December 31, 2018</b>           | <b>-0-</b>                             |

### NOTE 5 - GUARANTEED INTEREST ACCOUNT with INSURANCE COMPANY

The Plan Sponsor acquired Diatherix Laboratories, Inc., effective July 1, 2017, (see Note 1). The Diatherix Laboratories 401(k) Plan held a non-benefit responsive guaranteed interest contract with Principal Life Insurance Company. As part of the Plan Sponsor's acquisition of Diatherix Laboratories, Inc., the assets of the Diatherix Laboratories 401(k) Plan were transferred to the Plan during 2017, (see Note 1). As such, this investment contract was an asset held by the Plan. At December 31, 2018, this interest account matured and the fair value of the account is \$-0-. This contract provided a guaranteed interest rate for a specified period of time as determined, either three or five years. The rate credited was the rate in effect on the day when each deposit was directed to the account. To simplify reporting to Plan participants, all rates credited during the 12-month deposit year were averaged into a single composite rate. The 12-month deposit year was the same as the Plan year, ending on December 31 annually.

This contract promised contract value for a benefit event (termination, death, disability, and retirement); however, there was a possible surrender charge when funds were withdrawn prior to their maturity. Thus, the guaranteed interest contract was considered non-benefit responsive.

## **Eurofins Scientific, Inc. 401(k) Incentive Savings Plan**

### **NOTES to FINANCIAL STATEMENTS**

(Continued)

#### **NOTE 5 - GUARANTEED INTEREST ACCOUNT with INSURANCE COMPANY (Continued)**

If the participant terminated participation in the fund before a guaranteed interest account matured or transferred funds to other investments beyond the limits of the contract, the Plan would apply an early withdrawal charge to guaranteed interest account balances.

#### **NOTE 6 - GUARANTEED INVESTMENT CONTRACT with INSURANCE COMPANY**

The Plan Sponsor acquired Diatherix Laboratories, Inc., effective July 1, 2017, (see Note 1). The Diatherix Laboratories 401(k) Plan held an investment contract that comprised a traditional fully benefit-responsive guaranteed investment contract with Principal Life Insurance Company. As part of the Plan Sponsor's acquisition of Diatherix Laboratories, Inc., the assets of the Diatherix Laboratories 401(k) Plan were transferred to the Plan during 2017, (see Note 1). As such, this investment contract was an asset held by the Plan. At December 31, 2018, this contract matured and the contract value is \$-0-. The account was credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer was contractually obligated to repay the principal and interest at a specified interest rate that was guaranteed to the Plan.

Because the guaranteed investment contract held by the Plan met the criteria to be considered fully benefit-responsive, contract value was the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract was presented on the statement of net assets available for benefits at contract value. Contract value, as reported to the Plan by Principal Life Insurance Company, represented contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants could ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There were no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting rate was declared and determined based on a formula outlined in the contract, but could not be less than the guaranteed minimum interest rate which was determined and announced each time the crediting interest was announced.

Certain events limited the ability of the Plan to transact at contract value with the contract issuer. Such events included retirement, death, disability, plan termination, and bankruptcy. Furthermore, the Plan's ability to receive amounts due in accordance with the fully benefit-responsive investment contract was dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations could have been affected by future economic and regulatory developments.

The guaranteed investment contract did not permit the insurance company to terminate the agreement before the scheduled maturity date.

#### **NOTE 7 - RELATED PARTY TRANSACTIONS and PARTY-in-INTEREST TRANSACTIONS**

Certain Plan investments are in registered investment companies managed by Charles Schwab Bank. Charles Schwab Bank is the custodian of the Plan's assets and, therefore, these transactions qualify as party-in-interest transactions. At December 31, 2018 and 2017, the fair value of these investments totaled \$6,994,964 and \$4,227,401, respectively.

## **Eurofins Scientific, Inc. 401(k) Incentive Savings Plan**

### **NOTES to FINANCIAL STATEMENTS**

(Continued)

#### **NOTE 7 - RELATED PARTY TRANSACTIONS and PARTY-in-INTEREST TRANSACTIONS (Continued)**

As previously discussed, the Plan may issue loans to participants that are secured by participant account balances. The value of the notes receivable outstanding were \$5,613,077 and \$4,116,061 as of December 31, 2018 and 2017, respectively. All of these transactions qualify as party-in-interest transactions.

During the year ended December 31, 2017, the Plan Sponsor discovered unintentional delays in remitting certain employee deferrals and loan repayments to the custodian (see Note 11). These delays constituted a prohibited transaction.

There were no other prohibited transactions involving a known party-in-interest for the years ended December 31, 2018 and 2017.

#### **NOTE 8 - PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

#### **NOTE 9 - TAX STATUS**

The Plan has not obtained a tax determination letter and relies on the advisory letter associated with the volume submitter defined contribution plan document dated March 31, 2014, in which the IRS stated that a plan, designed within the parameters of the volume submitter defined contribution plan document, would be in compliance with the applicable requirements of the Internal Revenue Code (IRC). The volume submitter defined contribution plan document has been amended and restated since receiving the advisory letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believes the Plan is qualified, and the related trust is tax-exempt.

US GAAP requires Plan Management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed tax positions taken by the Plan and has concluded that as of December 31, 2018 and 2017, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no IRS audits for any tax periods in progress.

#### **NOTE 10 - RISKS and UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

## **Eurofins Scientific, Inc. 401(k) Incentive Savings Plan**

### **NOTES to FINANCIAL STATEMENTS**

(Continued)

#### **NOTE 11 - DELINQUENT PARTICIPANT CONTRIBUTIONS**

During the year ended December 31, 2017, the Plan Sponsor discovered unintentional delays in remitting certain employee deferrals and loan repayments to the custodian in the amount of \$13,609. The Plan Sponsor computed the lost earnings on these deferrals and loan repayments and subsequently remitted the deferrals and loan repayments and made a contribution for lost earnings to the Plan. These earnings have been recognized in the Plan's earnings for the Plan year ended December 31, 2017. The Plan Sponsor has corrected the failure that caused the delinquent contributions, and in March 2018, filed with the DOL's Voluntary Fiduciary Correction Program.

#### **NOTE 12 - RECONCILIATION of FINANCIAL STATEMENTS to FORM 5500**

The following is a reconciliation of the net assets available for benefits per the financial statements to Schedule H of Form 5500 for the years ended December 31, 2018 and 2017:

|                                                            | <b>2018</b>        | <b>2017</b>        |
|------------------------------------------------------------|--------------------|--------------------|
| Net Assets Available for Benefits per Financial Statements | 447,255,399        | 293,047,711        |
| Plan Transfer Payable per Financial Statements             | -0-                | 3,477,233          |
| Benefit Claims Payable per Form 5500                       | <u>(88,882)</u>    | <u>(70,099)</u>    |
| <b>Net Assets per Form 5500</b>                            | <b>447,166,517</b> | <b>296,456,845</b> |

The following is a reconciliation of the changes in net assets available for benefits per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2018:

|                                                                   | <b>2018</b>       |
|-------------------------------------------------------------------|-------------------|
| Benefits Paid to Participants per Financial Statements            | 26,947,760        |
| 2017 Benefit Claims Payable paid in 2018 per Financial Statements | (70,099)          |
| 2018 Benefit Claims Payable per Form 5500                         | <u>88,882</u>     |
| <b>Benefits Paid to Participants per Form 5500</b>                | <b>26,966,543</b> |

The following is a reconciliation of the transfer of assets from the Plan per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2018:

|                                                           | <b>2018</b>      |
|-----------------------------------------------------------|------------------|
| Transfer of Assets from the Plan per Financial Statements | 124,204          |
| 2017 Plan Transfer Payable per Financial Statements       | <u>3,477,233</u> |
| <b>Transfer of Assets from the Plan per Form 5500</b>     | <b>3,601,437</b> |

#### **NOTE 13 - SUBSEQUENT EVENTS**

Effective January 1, 2019, the Plan was amended to recognize EAG Material Science, LLC, Eurofins BioPharma Product Testing Columbia, Inc., Eurofins EAG Engineering Science, LLC, and Eurofins EAG Agrosience, LLC as participating employers in the Plan.

Effective January 1, 2019, employees of Cascade Analytical, Inc. are eligible to participate in the Plan.

## **Eurofins Scientific, Inc. 401(k) Incentive Savings Plan**

### **NOTES to FINANCIAL STATEMENTS**

(Continued)

#### **NOTE 13 - SUBSEQUENT EVENTS (Continued)**

Effective March 13, 2019, the Plan Sponsor acquired Blue Heron Biotech, LLC. Accordingly, assets totaling \$748,846 were received by the Plan during July 2019.

Effective May 31, 2019, the Plan Sponsor acquired Transplant Genomics, Inc.

Subsequent events have been evaluated through October 10, 2019, which represents the date the financial statements were available to be issued.

# **Eurofins Scientific, Inc. 401(k) Incentive Savings Plan**

EIN 27-3225082 Plan No. 002

Schedule H - Line 4a - SCHEDULE of DELINQUENT PARTICIPANT CONTRIBUTIONS

Year Ended December 31, 2018

| <b>Participant<br/>Contributions<br/>Transferred Late to<br/>Plan</b>                                     | <b>Total that Constitute Nonexempt Prohibited<br/>Transactions</b> |                                                     |                                                         | <b>Total Fully Corrected<br/>Under VFCP and PTE<br/>2002-51</b> |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------|
|                                                                                                           | <b>Contributions<br/>Not Corrected</b>                             | <b>Contributions<br/>Corrected<br/>Outside VFCP</b> | <b>Contributions<br/>Pending Correction<br/>in VFCP</b> |                                                                 |
| Check here if Late<br>Participant Loan<br>Repayments are<br>included: <input checked="" type="checkbox"/> | \$ -0-                                                             | \$ -0-                                              | \$ -0-                                                  | \$ 13,609                                                       |

See independent auditors' report.

# Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

EIN 27-3225082 Plan No. 002

Schedule H - Line 4i - SCHEDULE of ASSETS (HELD at END of YEAR)

December 31, 2018

| (a) (b)                                 | Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | (c)<br>Description of Investment<br>Including Maturity Date, Rate<br>of Interest, Collateral,<br>Par or Maturity Value | (d) | Cost | (e) | Current<br>Value |
|-----------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----|------|-----|------------------|
| <b>Registered Investment Companies:</b> |                                                             |                                                                                                                        |     |      |     |                  |
|                                         | American Century                                            | American Century Govt Bond Instl                                                                                       | **  |      | \$  | 5,357,205        |
|                                         | Dimensional Fund Advisors                                   | DFA Emerging Mkts Core Eqty Port Instl                                                                                 | **  |      |     | 2,548,190        |
|                                         | Dimensional Fund Advisors                                   | DFA Intl Small Cap Value Port Instl                                                                                    | **  |      |     | 2,122,499        |
|                                         | Dimensional Fund Advisors                                   | DFA One Year Fixed Income Port Instl                                                                                   | **  |      |     | 470,189          |
|                                         | Dimensional Fund Advisors                                   | DFA Real Estate Securities Port Inst                                                                                   | **  |      |     | 1,823,283        |
|                                         | Dimensional Fund Advisors                                   | DFA US Targeted Value Port Instl                                                                                       | **  |      |     | 2,781,629        |
| *                                       | Schwab                                                      | Schwab Government Money Fund                                                                                           | **  |      |     | 156,705          |
| *                                       | Schwab                                                      | Schwab Retirement Govt Money Fund                                                                                      | **  |      |     | 6,838,259        |
|                                         | Vanguard                                                    | Vanguard Developed Markets Index                                                                                       | **  |      |     | 2,362,779        |
|                                         | Vanguard                                                    | Vanguard GNMA Fund Investor SHS                                                                                        | **  |      |     | 787,318          |
|                                         | Vanguard                                                    | Vanguard Growth Index Fund Instl                                                                                       | **  |      |     | 14,455,282       |
|                                         | Vanguard                                                    | Vanguard Institutional Index Fund                                                                                      | **  |      |     | 11,566,550       |
|                                         | Vanguard                                                    | Vanguard Mid Cap Index Fund Admiral                                                                                    | **  |      |     | 4,033,895        |
|                                         | Vanguard                                                    | Vanguard Mid Cap Growth Index Admiral                                                                                  | **  |      |     | 5,503,058        |
|                                         | Vanguard                                                    | Vanguard Mid Cap Value Index Admiral                                                                                   | **  |      |     | 5,541,160        |
|                                         | Vanguard                                                    | Vanguard Short Term Investment GRD Inv                                                                                 | **  |      |     | 471,344          |
|                                         | Vanguard                                                    | Vanguard Small Cap Growth Index Instl                                                                                  | **  |      |     | 5,092,018        |
|                                         | Vanguard                                                    | Vanguard Small Cap Index Admiral                                                                                       | **  |      |     | 3,568,760        |
|                                         | Vanguard                                                    | Vanguard Instl Target Retirement Income                                                                                | **  |      |     | 6,090,647        |
|                                         | Vanguard                                                    | Vanguard Instl Target Retirement 2015                                                                                  | **  |      |     | 6,288,060        |
|                                         | Vanguard                                                    | Vanguard Instl Target Retirement 2020                                                                                  | **  |      |     | 18,799,502       |
|                                         | Vanguard                                                    | Vanguard Instl Target Retirement 2025                                                                                  | **  |      |     | 36,881,808       |
|                                         | Vanguard                                                    | Vanguard Instl Target Retirement 2030                                                                                  | **  |      |     | 38,834,405       |
|                                         | Vanguard                                                    | Vanguard Instl Target Retirement 2035                                                                                  | **  |      |     | 33,706,151       |
|                                         | Vanguard                                                    | Vanguard Instl Target Retirement 2040                                                                                  | **  |      |     | 32,199,927       |
|                                         | Vanguard                                                    | Vanguard Instl Target Retirement 2045                                                                                  | **  |      |     | 31,823,363       |
|                                         | Vanguard                                                    | Vanguard Instl Target Retirement 2050                                                                                  | **  |      |     | 24,432,190       |
|                                         | Vanguard                                                    | Vanguard Instl Target Retirement 2055                                                                                  | **  |      |     | 19,174,342       |
|                                         | Vanguard                                                    | Vanguard Instl Target Retirement 2060                                                                                  | **  |      |     | 5,896,996        |
|                                         | Vanguard                                                    | Vanguard Instl Target Retirement 2065                                                                                  | **  |      |     | 39,709           |
|                                         | Vanguard                                                    | Vanguard Total Intl Stock Index Admiral                                                                                | **  |      |     | 4,608,329        |
|                                         | Vanguard                                                    | Vanguard Value Index Instl Shares                                                                                      | **  |      |     | 5,598,801        |
|                                         | Vanguard                                                    | Vanguard Wellington                                                                                                    | **  |      | \$  | 8,896,881        |

See independent auditors' report.

# **Eurofins Scientific, Inc. 401(k) Incentive Savings Plan**

EIN 27-3225082 Plan No. 002

Schedule H - Line 4i - SCHEDULE of ASSETS (HELD at END of YEAR)

(Continued)

December 31, 2018

|                                                             |                   | Description of Investment                                                                                                    |  |  |          |  | Current<br>Value |
|-------------------------------------------------------------|-------------------|------------------------------------------------------------------------------------------------------------------------------|--|--|----------|--|------------------|
| Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party |                   | Including Maturity Date, Rate<br>of Interest, Collateral,<br>Par or Maturity Value                                           |  |  | Cost (e) |  |                  |
| (a) (b)                                                     | (c)               |                                                                                                                              |  |  | (d)      |  |                  |
| Notes Receivables from Participants:                        |                   |                                                                                                                              |  |  |          |  |                  |
| *                                                           | Participant Loans | 3.25% - 10.00%, Various Original Maturity<br>Dates (January 2019 to December 2028),<br>Collateral - Portion of Participants' |  |  |          |  |                  |
|                                                             |                   | Vested Account Balances                                                                                                      |  |  | \$ -0-   |  | \$ 5,613,077     |
|                                                             |                   |                                                                                                                              |  |  | \$ -0-   |  | \$ 354,364,311   |

\* Allowable party-in-interest to the Plan.

\*\* Information not needed.

See independent auditors' report.

## **Eurofins Scientific, Inc. 401(k) Incentive Savings Plan**

EIN 27-3225082 Plan No. 002

Schedule H - Line 4i - SCHEDULE of ASSETS (ACQUIRED and DISPOSED of WITHIN YEAR)

Year Ended December 31, 2018

| <b>Identity of Issue,<br/>Borrower, Lessor,<br/>(a) or Similar Party (b)</b> |  | <b>Description of Investment Including<br/>Maturity Date, Rate of Interest,<br/>Collateral, Par or Maturity Value</b>                                   | <b>Costs of<br/>(c) Acquisitions</b> | <b>Proceeds of<br/>(d) Dispositions</b> |
|------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------|
| * Notes Receivable<br>from Participants                                      |  | 3.25% - 10.00%, Various Original Maturity<br>Dates (January 2019 to December 2028),<br>Collateral - Portion of Participants'<br>Vested Account Balances | \$ -0-                               | \$ -0-                                  |

\* Allowable party-in-interest to the Plan.

See independent auditors' report.

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2018</b><br><br>This Form Is Open to Public Inspection |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                         |
| For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                         |
| <b>A</b> This return/report is for:                                                                                                                                                                          | <input type="checkbox"/> a multiemployer plan<br><input checked="" type="checkbox"/> a single-employer plan<br><input type="checkbox"/> the first return/report<br><input type="checkbox"/> an amended return/report                                                                                                                                                    |
| <b>B</b> This return/report is:                                                                                                                                                                              | <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input type="checkbox"/> a DFE (specify) _____<br><input type="checkbox"/> the final return/report<br><input type="checkbox"/> a short plan year return/report (less than 12 months) |
| <b>C</b> If the plan is a collectively-bargained plan, check here. <span style="float: right;"><input type="checkbox"/></span>                                                                               |                                                                                                                                                                                                                                                                                                                                                                         |
| <b>D</b> Check box if filing under:                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                         |
| <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description) _____ |                                                                                                                                                                                                                                                                                                                                                                         |

|                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                   |
| <b>1a</b> Name of plan<br>Eurofins Scientific, Inc. 401(k) Incentive Savings Plan                                                                                                                                                                                                                                                        | <b>1b</b> Three-digit plan number (PN) <span style="float: right;">002</span><br><b>1c</b> Effective date of plan<br>04/04/2011                                                   |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see Instructions)<br>Eurofins NSC US, Inc.<br><br>343 West Main Street<br><br>Leola PA 17540 | <b>2b</b> Employer Identification Number (EIN)<br>27-3225082<br><b>2c</b> Plan Sponsor's telephone number<br>717-556-3500<br><b>2d</b> Business code (see Instructions)<br>541380 |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                  |                                    |                           |                                                                              |
|------------------|------------------------------------|---------------------------|------------------------------------------------------------------------------|
| <b>SIGN HERE</b> |                                    | <u>10/10/2019</u><br>Date | Margaret Stoltzfus<br>Enter name of individual signing as plan administrator |
| <b>SIGN HERE</b> | Signature of employer/plan sponsor | Date                      | Enter name of individual signing as employer or plan sponsor                 |
| <b>SIGN HERE</b> | Signature of DFE                   | Date                      | Enter name of individual signing as DFE                                      |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2018)  
v. 171027

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br>Eurofins NSC US, Inc.<br><br>343 West Main Street<br><br>Leola PA 17540                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br>27-3225082<br><b>3c</b> Administrator's telephone number<br>717-556-3500                                                                |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><b>4d</b> PN                                                                                                                                            |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 8,032                                                                                                                                                           |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 5,977<br><b>6a(2)</b> 8,702<br><b>6b</b> 5<br><b>6c</b> 3,148<br><b>6d</b> 11,855<br><b>6e</b> 9<br><b>6f</b> 11,864<br><b>6g</b> 11,412<br><b>6h</b> 1,041 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                 |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2S 2T 3D 3H

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information - Small Plan)
- (3) ☒ 2 **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

**Schedule C, line 2(h) – Formula Description**

Plan Name: Eurofins Scientific, Inc. 401(k) Incentive Savings Plan  
Employer I.D. #: 27-3225082  
Plan Number: 002

| (a) Name of Investment Fund (Source of Compensation) | (b) Name of Investment Adviser (Service Provider) | (c) Formula as Percentage of Assets | (d) Other Formula, if any |
|------------------------------------------------------|---------------------------------------------------|-------------------------------------|---------------------------|
|------------------------------------------------------|---------------------------------------------------|-------------------------------------|---------------------------|

See line 3(e) of Schedule C for a description of the applicable formulas for each fund manager

**Schedule H, line 4i – Schedule of Assets (Acquired and Disposed of Within Year)**

Plan Name: Eurofins Scientific, Inc. 401(k) Incentive Savings Plan  
Employer I.D. #: 27-3225082  
Plan Number: 002

| (a) Identity of issue, borrower, lessor,<br>or similar party | (b) Description of investment including<br>maturity date,<br>rate of interest, collateral, par, or maturity<br>value | (c) Costs of<br>acquisitions | (d) Proceeds of<br>dispositions |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------|
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------|

Schedule of Assets (Acquired and Disposed of Within Year) is contained in the attached audit report.

**Schedule H, line 4i – Schedule of Assets (Held At End of Year)**

Plan Name: Eurofins Scientific, Inc. 401(k) Incentive Savings Plan

Employer I.D. #: 27-3225082

Plan Number: 002

| (a) | (b) Identity of issue, borrower, lessor, or<br>similar party | (c) Description of investment<br>including maturity date, rate of<br>interest, collateral, par, or maturity<br>value | (d) Cost | (e) Current<br>Value |
|-----|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------|----------------------|
|-----|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------|----------------------|

Schedule of Assets (Held At End of Year) is contained in the attached audit report.